

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005848

Entity Name: MACDADDI 2, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

8784 STATION STREET
FISHERS, IN 46038

New Principal Place of Business:

Current Mailing Address:

8784 STATION STREET
FISHERS, IN 46038

New Mailing Address:

FEI Number: 20-3237819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE ACCESS, INC.
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWN, SCOTT J
Address: 12996 MARINER COURT
City-St-Zip: MCCORDSVILLE, IN 46055

Title: MGRM () Delete
Name: WHELAN, JUSTIN B
Address: 12310 BRIDGEWATER ROAD
City-St-Zip: INIDANAPOLIS, IN 46256

Title: MGRM () Delete
Name: WHELAN, PETER J
Address: 5510 CHELSEN WOOD DR
City-St-Zip: DULUTH, GA 30097

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, SCOTT J
Address: 8784 STATION STREET
City-St-Zip: FISHERS, IN 46038

Title: MGRM (X) Change () Addition
Name: WHELAN, JUSTIN B
Address: 8784 STATION ST.
City-St-Zip: FISHERS, IN 46038

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JUSTIN B. WHELAN III

MR.

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date